

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		5-19-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 ■ Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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